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## Original Communications.

### CASE OF GENERAL FATTY DEGENERATION RESULTING IN APOPLEXY OF THE KIDNEY.

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A. B., clergyman, aged 42 years, married, with general appearance previous to last illness excellent; with large frame, and robust figure, of regular and abstemious habits; had the indications of one destined for a long life.

His father had an attack of apoplexy at 60 years; but, though suffering by paralysis, loss of speech and otherwise, during the remainder of his life, lived to the age of 85 years.

Recently, a brother died from apoplexy at 54 years; and, still more recently, a sister from the same disease at the age of 58 years.

The history of the present case goes back several years; and, although the symptoms had been referred more or less to the head and nervous system, I was led to believe, long before death, what the sequel has proved true: that it was one of general fatty degeneration. When engaged in the hospital in Washington, in the first year of the war, in a letter of that date, the patient complained of disagreeable sensations in his head, and regretted that he did not have the "nosebleed" as usual to relieve these symptoms. Subsequently, he came to reside in this locality, and in 1866 I first became acquainted with his constitutional tendencies. He was then seized with an attack of simple diarrhoea. He had had but two or three slight discharges before I saw him. His skin was warm and moist. Tongue slightly furred. Pulse very small and weak, but not accelerated. Heart's impulse very slight, which I thought at the time in part due to a superabundance of adipose tissue. Prostration great. Having some pain, I prescribed a half grain pill of opium and wine. The effect of the opium was very marked. His sleep was heavy,

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his breathing stertorous; stupor lasting for the greater part of two days. Tongue extremely foul; breath exceedingly offensive; pulse 64, reduced in volume. The feeling of prostration quite considerably increased. Alcoholic stimulants were not borne well, and, indeed, such was his aversion to them that very little could be given. Quinine was administered, and in a week he had nearly recovered. For such a slight attack of illness, it was difficult to account for the extreme degree of muscular weakness and prostration, as also for the extraordinary effect of the opium.

I have been thus careful to give the more prominent features of a slight attack occurring four years previous to his last sickness, for their important indications with reference to the pathology of his disease, and as they offered me the first intimation of a tendency which afterwards proved fatal.

His brother's death, from apoplexy, in 1867, disturbed him very much. He soon began to feel certain strange sensations in his own head.

The vagueness with which he described these sensations could but leave one in doubt as to how much was real and how much imaginary. He described his feeling "not exactly dizzy, but as if about to be." At one time, when in the pulpit, he felt a sense of insecurity in looking out upon the congregation, and held on firmly to the desk with his hands lest he should fall; yet he was able to finish his sermon; and his difficulty failed to attract the attention of his hearers. The fact that these symptoms had a tendency to increase both in point of frequency and intensity, with evidence from other sources, led me to have serious apprehensions in regard to his case. His many friends whose solicitations with regard to him were earnest and persistent, led him to try various means of cure; each in turn having for a time an apparently good effect was soon discarded for another which promised a greater benefit.

He had occasional attacks of faintness, to one of which I was called. It came on without apparent provocation while he was

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preparing to go to church. When I arrived, which was in about half an hour, he had but partially recovered. Nothing was observable save perhaps a slight diminution in volume of the pulse, and feebleness in cardiac impulse, with feeling of great muscular weakness.

At another time, a similar attack came on after slight exercise in shovelling snow. In this attack the faintness lasted the greater part of the day. I should say here, perhaps, that the cardiac impulse had always been very obscure whenever examined, even in a comparative state of health; and there was a corresponding feebleness of impulse at wrist. I had attributed this in part to the superabundance of adipose tissue, but mostly to insufficient power in the muscular walls of the heart.

In the spring of 1869, he suffered from an illness in which nervous debility was the most prominent feature. It was quite persistent, notwithstanding the free administration of tonics, and he did not fully recover until after a visit in the country. In September he returned, feeling "never better in his life," although later in the season he returned to the lifting cure.

In December, 1869, his sister, living at a distance, died suddenly from apoplexy, aged 58 years. On the morning of the funeral, he was seized with an alarming syncope, which lasted two hours, from which he was with difficulty resuscitated.

He had always attributed his cerebral symptoms to excess of blood in his head, and it was with difficulty and by slow degrees that he could be brought to see the fallacy of his belief, and to be prevailed upon to adopt a change of diet and regimen. Quinine, with other tonics and a more generous diet, seemed to benefit him; but he quickly dropped them, as he had done before, saying that he was quite well and needed them no longer.

March 14th, 1870—He was attacked with a prevailing sore throat, from which others of the family had been suffering. When first seen, his countenance was somewhat anxious. Skin warm and moist. Pulse 80, regular, but, as usual, soft and small. Tongue slightly furred; throat swollen, somewhat painful, and had a peculiar puffy look, as of serous infiltration. Surface not reddened. A secretion of tough viscid mucus clung to the throat. Bowels in good condition. Urine normal. Pain and swelling increased gradually during this day and the next.

17th.—Swelling at its height. Some

difficulty in deglutition. Countenance less anxious; very little pain; pulse not accelerated; tongue considerably furred; voice somewhat changed; no dejection. Ordered a gentle cathartic. No anodyne given, as none was needed. Gargle changed from tannin and potass. chloras. to sage-tea and alum with decided relief.

18th.—Profuse epistaxis, followed by feeling of prostration; in other respects same as yesterday—one dejection.

19th.—At noon, again a profuse epistaxis. Swelling subsiding. Pulse 84, very soft and small. Prostration quite marked. Quinine and full diet.

20th.—Feels better. Pulse 76.

23d.—Sat at an open window yesterday and to-day; feels rheumatic pains in various parts of body, localized chiefly in left shoulder and right hip. Pulse 88, and irritable. Skin normal. No ozæna. No headache. Throat quite well.

24th.—Rheumatic pains extending and changing; right knee and foot involved. No swelling or redness. Very slight tenderness. Pulse 88. Tongue slightly furred. Skin natural. P.M.—Pain in walls of chest, both sides; no cardiac complication.

25th.—Pain in chest continues. Pulse 88. Tongue considerably furred. Left foot involved.

26th.—Spasmodic respiration, with occasional involuntary sighing. Pain much less; in fact no pain, except on motion. Right leg and foot relieved; left foot and leg involved. Pulse 92. Urine high colored, loaded with urates; otherwise normal.

27th.—Sighing respiration much less. Left arm and hand involved; other parts relieved. Dejection from Rochelle salts.

28th.—Tongue clearing. Pulse 86. Improvement in symptoms generally.

R. Potass. iodid. gr. v. 3 t. d.

29th.—Continues better.

30th.—Pulse suddenly mounted to 108; continues to feel better and stronger, however. Otherwise, symptoms same as yesterday. Soreness and lameness abating. On forced inspiration, a slight pain still in chest. Sounds of heart normal; no cardiac complication has yet occurred. Tenderness of hands and feet disappearing. Tongue still clearing up. No reason apparent for such an increase in rapidity of pulse. Ordered an enema. P.M.—Left forearm and hand swollen and red—the first appearance, during sickness, of the proper rheumatic blush to the skin; right forearm and hand soon reached the same condition. More pain than he has yet experienced since rheu-

matic attack. Hitherto no anodyne has been necessary to secure sleep. One drachm of tinct. hyoscyami given.

31st.—Much better. Slept well, but heavily. Pulse 92.

April 1st.—Continues to improve. Swelling and redness in arms abating. Is able to get up, with a little help, to have dejection. Pulse 84. Some appetite.

2d.—Pulse mounts again to 104, irritable. No other indication of trouble; on the contrary, remarks how well he feels. Appetite good. Had slept well. At 1 o'clock and 15 minutes, while sitting up in bed taking his dinner, he was seized with sudden acute pain in left side and back, amounting to agony, and he sank back utterly helpless and prostrate. When seen, about twenty minutes later, immediate death seemed imminent. The shock was terrible. Countenance livid; skin cold and clammy, and studded over with great drops of sweat; clothing drenched; extremities deathly cold; respiration gasping; sounds of heart inaudible; pulse scarcely and only at times perceptible. A hypodermic injection of one third of a grain of morph. sulph. was given immediately, and in ten minutes he seemed easier and began to rally a little. Stimulants were given freely.

Council was asked, and Dr. Cotting sent for. Very little hope was entertained of his being able to rally. Stimulants continued; brandy and ammonia given freely, and, later, beef-tea and quinine. Pain became less severe, but still constant; other symptoms remained nearly the same. His death constantly expected. The slightest improvement was perceptible about midnight. The pulse was a little more prominent; could be counted continuously for 10 or 12 beats only, but by counting rhythmically during the time it was not perceptible it was made 170 per minute. In the morning, April 3d, he had rallied but little. Could answer questions in monosyllables. Respiration still short and quick. Pulse 160, small and evanescent. Extremities still clammy and cold. Countenance still livid. Passed urine in bed. Had taken since yesterday noon, by way of stimulants, twelve ounces of brandy, half bottle wine, half drachm ammon. carb., ten grains of quinine sulph., and, at intervals, beef-tea. Pain in region of left kidney quite acute; very tender on pressure there. Applied fomentations.

April 3d, P.M.—Has improved during the day. Passed water, which was not preserved; "was not bloody, looked natural." Still entirely helpless; unable to move

without assistance, and still the hands and arms in particular maintain that deathly coldness which has existed since yesterday. Pain continues in left side; not relieved by fomentations, and but temporarily by chloroform; very tender and has an indurated feel. Unable to bear a careful examination.

4th.—Slept at intervals through the night; feels somewhat refreshed. Still helpless. Pulse 100. Skin warmer; extremities at times clammy. Urine examined, and found to be loaded with phosphates; otherwise normal. Nothing to account for pain in region of kidney. Quinine diminished to two grains every five hours. Stimulants abated. P.M.—Passed urine several times during the day; sp. gr. 1022; excess of phosphates; no blood; no albumen; no casts; acid. Pulse 112, improved in quality. One dejection by enema. Extremities can be kept warm. Complaints of less pain in side. Still helpless.

5th.—Feels more comfortable; slept better. Pulse 108, more full. Tongue less furred. One dejection by enema. Takes food quite well. Symptoms generally improving. P.M.—Comfortable all day. Can be moved with greater facility and with less pain. Fears return of pain; left side still sensitive; deep pressure not borne. Skin warm and natural. Depression passing off. Pulse 104, steadily improving in quality.

6th.—Had a good night; feels "splendid." Relished a breakfast of bread and cream. Pulse 96, full. Omitted quinine and prescribed tr. ferri chlorid. 10 drops in water 3 t. d. 9, A.M.—Faintness coming on. Pulse increasing in frequency and falling off in volume. Surface of body and lower extremities warm; shoulders, arms and hands clammy and cold. Countenance anxious; in spite of all efforts, evidently sinking. 5, P.M.—Pulse 120, small, weak, evanescent. Respiration short, quick, incomplete, and 40 times per minute. Passed normal urine. Used stimulants with uncertain effect; slowly rallied towards 11 o'clock, P.M., and slept a troubled sleep from 12 until 3½ o'clock. Woke with sharp pain in region of heart. Took 3 drops fld. ext. opii, with entire relief.

7th.—All day between life and death. Pulse 130, scarcely perceptible. Respiration quick and incomplete, 36 per minute. Voided urine four times in twenty-four hours; normal. Bowels tympanitic and puffed up enormously. Left side exceedingly tender. Pain on movement; not much otherwise. Constant desire to defecate, without result. Sleepless night.

8th.—Condition much the same. Pulse

a little more firm. Frequent fainting attacks during day. 4 o'clock.—No evacuation of urine since morning. Some uneasiness. About twenty ounces of dark colored urine drawn off with catheter. 8 o'clock, drew off about twenty ounces more of urine, with strong ammoniacal smell, followed by fainting. Rallied about 10 o'clock. Sent for Dr. Borland, who kindly consented to relieve in watching. Very little prospect of his surviving until morning.

9th.—Had slept a greater part of the time since 1 o'clock, feeling much refreshed. Raised a single sputum of blood. Condition decidedly improved. P.M.—Bright and cheerful. Voided urine twice; perfectly normal. Pulse 100, quite firm. One dejection. Bowels tympanitic; very full. Still pain in left side; extremely tender; has an indurated feel, and somewhat swollen. Relished a cup of tea. Extremities warm; skin natural. Slept quite nicely from 11 until 1 o'clock. At 1 o'clock a change noticed again in pulse, it becoming more frequent and unsteady; the patient, however, declared himself quite comfortable, but was restless the remainder of the night. 8, A.M.—Pulse 120, small. He still declared that he "felt quite like himself," and "had no especial discomfort, except his side." In fact, a beefsteak was brought, from which he extracted the juice with evident relish. Having a desire to defæcate, by his own request an enema was given, and immediately he sank, and died in about twenty minutes.

During the last week Dr. Cotting was his constant visitor and medical council, and Dr. Borland kindly relieved me, both by watching and by council.

The following account of the autopsy is by Dr. C. W. Swan, who made it.

*Autopsy*, 32 hours after death. Smell of decomposition in room where body lay, but no discoloration of body. But little rigor. Thick layer of fat in chest and abdominal walls; scarcely a proportional amount in abdominal cavity. Head—brain and membranes not remarkable. Heart—ventricles dilated; walls somewhat thinned; muscle pale, flabby, very friable, and under the microscope seen to be in an advanced stage of fatty degeneration. A small amount of dark fluid blood in the right side and connecting veins. More than the normal quantity of fat upon the external surface. Valves healthy. Lungs well, excepting moderate œdema, most marked in left upper and lower right lobes.

*Abdomen*.—Whole large intestine enormously distended with gases. Signs of

slight irritation of peritoneum here and there upon the intestines. Omentum swept upwards and outwards to the right so as to lie wholly above the colon.

The left kidney lay enveloped in the posterior portion of a solid sub-peritoneal mass of recently coagulated blood, which filled up nearly the whole of the concave space at the left of the spinal column, and measured upwards of ten inches in the long diameter, and would weigh by estimate after removal about five pounds.

A longitudinal section of the whole mass, made from front to back, showed first, a kidney, whose wedge-shaped extremities, as compared with the more rounded form of the right kidney, suggested the idea of its having been compressed; although this and other irregularities of form, it is said, may occur without compression. Next, the upper half of the capsule of the kidney very largely and evenly dilated by a thick layer of coagulum. Finally, the great mass of outside coagulum, including lost and up-turned lower portion of capsule, streaked with the normal adipose tissue of the region and extending indefinitely in various directions, principally towards the groin and diaphragm. The kidney, like its fellow, was soft and of a pretty uniformly distributed pale yellowish color, of most extraordinary degree. The tubuli were in most instances filled with very fine fat grains, interspersed with debris of defunct cells. The capillary masses of the Malpighian bodies looked healthy. In the substance of the organ, and not communicating with the healthy-looking pelvis, were two remarkable spherical nodules, of the size of a filbert or larger. The lower was made up of concentric layers of decolorized fibrin. The upper was filled with recent black coagulum, excepting a single inter-layer of decolorized fibrin. Besides these, were several very much smaller irregular homogeneous deposits of decolorized fibrin in various parts of the substance of the organ and some small coagula. The upper large nodule lay near the surface of the kidney, and projected somewhat above it, and its cavity communicated with that of the dilated capsule by a roundish opening, less than one-eighth of an inch in diameter, loosely closed by a little fibrin. There seems hardly room to doubt that here was the true source of the hæmorrhage. There were traces of atheroma in the abdominal aorta, but the renal artery was healthy.

No hæmorrhage was observed in any other organ or part of the body. The intestines were opened only by accident, but the fecal matter escaping was clay-colored.



Liver full-sized and of fatty appearance. By microscope, many of its cells filled with single large globules of fat. The biliary system was not carefully examined. The small gall-bladder was not opened. Spleen of medium size and rather pulpy consistency.

Here we have a disease commencing in an insidious manner and progressing uninterruptedly to a fatal termination, attended by symptoms of scarcely sufficient weight to arouse the suspicions of the most observing. A peculiar susceptibility of the system to medicinal agents, cerebral symptoms obscure and of doubtful import, a strongly-sympathetic and impressible temperament, were among the elements to be considered and rightly estimated.

Then came on an attack of sore throat, of too little severity to occasion any anxiety in a person differently constituted. This was followed, on exposure to cold, by an attack of sub-acute rheumatism, in which there was an unusually small amount of swelling, redness and pain. And finally occurred an extraordinary and necessarily fatal lesion, whose true character could only be ascertained by autopsy.

#### TAYLOR ON DACTYLITIS SYPHILITICA.

(Concluded from page 397.)

WE now come to the second variety. In this form, the inflammatory action may begin between the periosteum and the bone, a specific periostitis; or may commence in the cancellous tissue around the medulla, an osteomyelitis. The product is gummy material, causing enlargement of the bones, often to a great extent, limited, however, to the phalanges involved, which may be any or all. Process slow or acute, and both may exist in the same patient. The integument becomes very much stretched by the pressure from within, tense, immovable, and devoid of articular furrows. Color varies from pink to red. Often temporarily tumefied and sensitive. No concomitant lesion of the nail, and as a rule no gummy deposit under the skin. Changes in the fingers probably the same as in tibia, which, in Volkman's case, showed a loosely attached periosteum, and between it and bone, a small cheesy mass. Microscope showed the external layers of the periosteum to be normal, and inside of this a layer of fusiform cells, which, further inward, became more numerous, smaller and rounder, and near the bone lost their cellular character and turned to fatty detritus. The cheesy mass, immediately on the bone, projected

by tabular prolongations into the Haversian canals, while upon the bone new periosteum was forming.

After the deposit of the gummy material, no inflammatory action is excited, but it slowly produces the death of the bone which it infiltrates, and is finally absorbed, leaving a loss of substance which is not again replaced, the whole process being unattended with suppuration. The swelling, when originally developed, is softer in the acute than in the chronic form, and this is probably due to the tissue, which is thus rapidly proliferated, being of a colloid character. This variety, of course, produces much deformity, and has a tendency to destructive change; whereas, in the chronic form the swelling is firmer and there is a tendency to remain indolent and infiltrate the bone, and finally be absorbed rather than to break down and to be eliminated. Berg's case proves that when the lesion begins as an osteo-myelitis, its course at the commencement may be quite rapid, so that very soon the finger becomes greatly enlarged. The swelling of the bone seems to have been perfectly smooth, and surrounded by a wall composed of compact tissue and periosteum. This latter fact lends weight to the view that the lesion was in reality developed deep in the cancellous tissue, and that coincidentally with the rapid proliferation of gummy material, the compact structure and periosteum gradually became expanded, so that they fully accommodated themselves to the very considerably increased pressure from within. McCready's case, whether it began as a periostitis or an osteomyelitis, brings out the important clinical fact that, even if an extensive gummy deposit is formed in bone, it may finally undergo fatty change, and be absorbed without softening and being thrown out, so that from all these cases we may infer that both conditions, absorption and breaking down, may obtain in this lesion.

The liquid formed by the degeneration of gummy tumors is a viscid, yellowish fluid, containing cheesy flocculi, but no pus. Microscopical examination shows amorphous granular matter, with, sometimes, a few connective-tissue cells, but never, in an un-irritated condition, pus-corpuscles. These latter may be found after the gummy ulcer or sinus has been exposed to the air, or has been treated by irritant applications, but never in the original process of softening. The color of the fluid varies from a yellow to a brown; its consistence is also variable, being thin when drawn from a joint and mixed with effusion, and thick and insipid

sated when formed by the degeneration of connective tissue or bone; and in the latter form it may contain minute bony granules. The fistulous openings show no tendency to enlarge nor to become thick, bluish, and everted at their orifice—a condition very frequently observed in the so-called strumous sinuses near joints—finally, spontaneous closure. But, in Volkman's case, one of the incisions ulcerated extensively and healed with a cicatrix, so both conditions may obtain. The fibrous structures of the joints may or may not participate in the morbid process. So the articular cartilage. The synovial membrane also may suffer from morbid changes. Richet\* was the first to describe a thickening of the synovial membrane of the knee, which is accompanied by effusion of an intermittent character and a dull pain, not increased on motion, but worse at night. Lancereaux† confirmed Richet's observation by finding, after death, gummy material in the ligaments and beneath the synovial membrane, which lesion, during life, had been attended with the same symptoms.

The shafts of the bones may also be rendered light and fragile, or local or general exostosis may result. When phalanges are divided or the approximative ends of two bones are absorbed, a ligamentous band of connective tissue is formed, which unites them and serves as a joint. The absorption of a joint proves previous infiltration with gummy material. A finger with one of these false joints loses its power of grasping, and its function is much impaired. Even with very extensive shortening, the integument contracts, the redundant tissue disappears, and everything adapts itself to the decrease. This gives steadiness and solidity to the false joint. The skin is not much wrinkled, and it is remarkable that with such chronic and profound osseous and articular changes, there should be such a small amount, or an entire absence of pain.

The treatment is that of late syphilis, the use of iodide of potassium either alone or combined with a mercurial. The combination always answers best in cases where there is a co-existence of tegumentary lesions; but where these are strictly osseous and ligamentous, it is best to at least try first, the iodide of iron. When the parts are much distended, a minute incision may be useful.

In conclusion, we feel bound to add, that

\* "De la tumeur blanche," Mémoires de l'Académie de Médecine, vol. 17, p. 249, 1853.

† Traité historique et pratique de la Syphilis, p. 251, Paris, 1866.

Dr. Taylor's admirable article is itself so concisely written that any abstract of it must needs be very imperfect, and we would refer all of our readers who are interested in the subject—and what true physician is not?—to the original paper, in the *American Journal of Syphilography and Dermatology* for January, 1871.

## Reports of Medical Societies.

### MASSACHUSETTS MEDICAL SOCIETY.

#### ANNUAL DINNER.

THE annual dinner of the Society took place at the Music Hall, at 2 o'clock on Wednesday, June 7th. Tables had been spread for 850 guests by Mr. J. B. Smith. Music was furnished by Gilmore's Band. The Rev. Henry Burroughs, Rector of Christ Church, the Chaplain of the day, invoked the Divine blessing.

After the repast, the audience was called to order by the Anniversary Chairman, Dr. Luther Parks, who addressed his professional brethren as follows:—

GENTLEMEN OF THE MASSACHUSETTS MEDICAL SOCIETY—Now that "Doctor Rip-um-Van Winkle-um"—according to the author of the *one boss chef d'œuvre*—enjoys his annual day of vigilance, and the centripetal force of this Society has wheeled its fellows (fellows) to the Hub, your spokesman will endeavor not to tire you. Though I am no jester, I will mention that in addition to the ingesta you have *jest* introduced to your digestive organs, we have in process of gestation a few "toasts" which you may send after the pure cochituate, or *whatever-you-ate*.

But first, a word! As in the mind's eye we see before us the once familiar but now departed forms which have adorned these occasions, does not our admiring and attached recollection for the time being avert the doom that "the places which knew them shall know them no more?" The lamented Gould—the man of science so profound, so widely known, and yet so unobtrusive; the wise councillor, the devoted friend—will time ever heal our bereavement? Will his place ever be filled?

Who of us when called to deal with that insidious foe which, serpent-like, steals away the breath of infancy, or with the demon that peoples the imagination with loathsome shapes—who of us but bears in mind the councils of that Ulysses of the

profession—the late John Ware? “The celebrated observations of Ware” upon the latter disease (as they have been lately termed in a leading foreign quarterly), and his “non-perturbative” treatment of the former, are lessons which the world outside is but just now learning.

The name of Warren rises before us as identified with consummate surgical skill for more than half a century, and James Jackson is still with us in his precepts of practical wisdom.

From the honors due to these and other deceased leaders, the transition is easy to some of the general services rendered in this region to medical science. We may freely accord the merit of being the centre of medical literature in America, to what is thus aptly termed the city of *Penn.* We cannot shut our eyes to the fact that the law of gravitation has given to the great commercial metropolis of this country a cluster of diligent workers, and of brilliant observers, among whom a *noblesse emigrée* hails from this State. But we may claim that here, among ourselves, there have been especially cultivated those workings of *original thought* which have culminated in induction and medical philosophy. Here it is that that the hidden mechanism of the coxo-femoral dislocation has been dragged to light, and the scientific treatment of that formidable lesion demonstrated, generalized in practical formulae, and made the work of a few seconds. One of our official publications—that on the relations of soil-moisture to pulmonary consumption—is a monument of laborious observation, keen insight and bold induction. Here was originated the treatment of iritis without mercury. Morbid anatomy has here received impartial interpretation, and the faithful study of a life time. And at our State Hospital the successes of Bozeman and Sims were long anticipated by the elder Hayward, whose operative procedures have been brought to the perfection of art, by one who has laid bare the intricacies of dissection and resection. Finally, here was deduced and announced the law of self-limited diseases; and not in advance of us did Sir John Forbes proclaim the theory of nature and disease.

Opportunities and advantages for scientific pursuits have been apportioned in differing measure to different places. But discovery and invention seem to have been reserved by Providence for *appointment at large*, under conditions not of mere scholasticism, but of stoutly developed thought combined with determined endeavor. Thus,

some three centuries ago, Continental Europe was ablaze with that newly-awakened thought which was coined into the colossal efforts of the Reformation, intermingled as they were with the far-reaching struggles for political supremacy of Charles the Fifth. That same mental activity had just produced one of the most important of all inventions—the art of Printing; and was the source of those most scientific of all discoveries, one of which immortalized the *physician-astronomer* Copernicus, while the other *should* have given the name of Columbus to this western shore.

The torch of intellect quickly borne to the British isle kindled there the illumination of the Elizabethan period, and aroused that long hand-to-hand contest between freedom and absolutism which lent athletic development to the muscles of the human will. It was then that Lord Bacon laid broad the foundations of later discoveries and inventions. These in the deliberate but persistent operation characteristic of the British temperament have indeed been comparatively slow of accomplishment, so that we have to look to the latter half of the last century for the triumphs of Arkwright and Watt. But, as for England, may we not say that our profession took a prominent part in their inauguration through the discovery of the circulation by Harvey; and that they attained their zenith with Jenner's discovery at once and invention of vaccination.

These, too, were the days of lofty thought and mighty energy for the Netherlands, when, with the same spade with which she waged successful war against the ocean, she taught the military engineer to dig his way to the beleaguered fortress in his inexorable parallels; when she invented the telescope and the microscope; when above all she discovered religious toleration and a free Commonwealth.

It may suffice to call to mind in passing that the sun-paintings of Daguerre and the acoustic pictures of Laennec mark the golden period of France, when its intellectual activity had ceased to be absorbed by the wars of the first Empire, and had not been frittered away in the degeneracy of the second.

The Anglo-Saxon brain, transplanted to this country and quickened into more intense activity, has fairly strewn the land with discoveries and inventions from the time when our modern Prometheus stole the fire of heaven, down to him who tamed the thunderbolt to be the docile messenger of mankind, or him who taught the needle to

ape the lightning in its flight. Alas! gentlemen, that we should be called upon to re-assert that the most beneficent medical invention and revelation since "the primeval days of Paradise" was given to the world in this city of our annual gathering, and within a stone's throw of this very spot! When, indeed, foreign plagiarism would have robbed us of this our heritage, there was not wanting a venerable and classic pen to annihilate the piratical sophistry; and yet, to this moment, the Old World repeats its base treachery and clings to its stolen but bedraggled plumes.

We have said that the results of which we have been speaking are contingent upon a special mental vigor. A frightful experiment, which would have dazed a sluggish intellect, was the spark to fire the electric brain with the stupendous thought which, Minerva-like, leaped forth in full panoply as Surgical Anæsthesia. The discovery had its birth-place here because the New England mind, of iron mould at the outset, has in its struggles to conquer the material difficulties of its situation acquired the edge at once and the temper of steel; smiting with cunning blows our granite rocks until they have opened to pour forth golden streams, and compelling stores of locked-up wealth from the wintry coverings of our crystal lakes. We have claimed for this Society, and this region, eminence in scientific innovation, generalization and discovery.

We may conclude our little homily with this "improvement":—"Consider your powers! Consider your responsibilities! Press forward in a spirit of generous emulation, laying aside all prejudices of town and country, in anticipation of the time when Massachusetts, from the waters of the Atlantic to the hills of Berkshire, shall be one network of cities with intervening suburbs.

Dr. Parks then read the following as the first regular toast:—

*The Massachusetts Medical Society*—A year ago, gentlemen, we selected our presiding officer from the noble old town of Northampton, which has given many able men to the professions and to public life. The reputation of Northampton has been ably sustained by him whose office it is now to address you.

Dr. Samuel A. Fisk, President of the Society, responded as follows:—

GENTLEMEN,—The Chairman has alluded, in a very complimentary manner, to the beautiful town in which I reside; and I hope that I shall not be thought to regard it with undue partiality if I say it is worthy of his high compliment. Situated in a luxuriant valley, surrounded by picturesque mountains and hills, with its broad meadows

and its fertile plains, it is a spot almost unequalled for its picturesque characteristics. Its citizens, Mr. Chairman, are justly proud of its beauty and of its history; for, associated with it are many renowned in the more honorable walks of life. Especially proud are they of the general high culture of its people, and of its educational interests; but, above all, are they proud of the charitable institutions established within its borders and most liberally endowed by private munificence. All its arts make for peace; the influence of these is seen in their effects upon the active, busy, yet harmonious people. It is illustrated, too, in the harmonious character of the medical profession of the town and neighborhood. I doubt whether there exists in the State an active, wide-awake medical society in which more of harmony prevails than in the Hampshire District Medical Society.

We must acknowledge—though we do it with mortification—that the medical profession is proverbial for its discords and disagreements. It is much to be regretted, Sir, that there is such a want of harmony in our profession; for I conceive that in consequence of it not only is the progress of medical science retarded, but quackery, in its various forms, has obtained its foothold in the community. For this we are to a great degree responsible; inasmuch as the jealousies and animosities existing amongst us have served to undermine the confidence of the public in the science of medicine to a considerable degree.

Here, let me be understood when I speak of *harmony*; by it I do not mean that unity which results from following blindly a file-leader, nor that resulting from quietly acquiescing in some theory. Nor do I mean a harmony which results from indifference and inaction; that is the harmony of death. There is harmony, Mr. Chairman, in the grave-yard, but there is neither prosperity nor progress there. It is necessary, if we would produce fire and light and warmth, that the flint and the steel should come together. And, if they do come together for the purpose of producing light and heat, no matter how vigorous the action, the result will be beneficial; but, if they come together for mutual destruction, the result can be nothing less than pernicious. In view of these and similar considerations, I do lament that latterly so much of discord has prevailed in the Massachusetts Medical Society. For, whatever may have been its failures; whatever may have been its shortcomings; whatever may have been its omissions, it has, nevertheless, done as

much to maintain the dignity and honor of the medical profession; it has done as much to advance medical science and promote its interests; it has done as much to raise the standard of medical education as any State society within these United States. This, I say, Sir, without the fear of being successfully challenged on this point; and its Fellows are gentlemen of as much culture in things pertaining to the profession and things outside of it, as are those of any State society in the Union.

I hope and I believe, Mr. Chairman, that to-day we enter upon a new era in the history of this Society—an era of good feeling and of good fellowship. The unanimity with which a series of resolutions was passed by the Councillors last evening—looking to the purification of this Society from every taint of quackery, from whatever source it may come—and the enthusiasm with which these resolutions were concurred in by the Fellows to-day, make me not only hope, but believe, that the harmony which for so long a time distinguished this Society will return to it; and that its annual meetings hereafter will not be characterized by wranglings and angry disputes; but that they will be, what they were designed to be, occasions when those of us who come up here from distant parts of the State, to meet our brethren of this city and neighborhood, may enjoy a day devoted to scientific and social purposes.

The second toast was then read:—

*The Commonwealth of Massachusetts*—His Excellency the Governor fully appreciates that this Society, like a certain other institution of the State, is both "Ancient and Honorable."

Governor Claflin briefly responded, thanking the Society for the privilege of being present, and expressing his gratification at the great advances which have been made in medical science.

The third toast was:—

*Old Harvard*—We owe an incalculable debt to that alma mater whose bachelors of art are well-grounded in branches of knowledge which form a broad foundation for the study of our profession; whose doctors in medicine have earned a large share of the honor belonging to merit, and whose professorial appointments in our department are a materia medica culled with a care that leaves nothing to be desired. And now that progressive examinations have been ordained, graduation by successive gradations—with qualification in all the departments, the University at Cambridge has thrown her Medical College far in advance of any other like institution in the land.

President Eliot, of Harvard University, in response, made the following remarks:—

I thank you, Mr. Chairman, in the name of the University, for your cordial words, and you, gentlemen, for this hearty salutation. Your warm greeting means more

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and is more welcome than usual at this moment; for, as your Chairman has said, the University has lately taken a great step as regards medical education and stands in special need of the approbation and support of the medical profession. The University counts securely on that support, knowing that the true physician stands always ready to grasp any new weapon wherewith to fight old evils or new. Precedent does not hold the place in medicine which it holds in law. Physicians are necessarily innovators by temperament and practice. As Lord Bacon says: "Every medicine is an innovation." Again, the very existence of this ancient Society is a pledge of the support of the profession in every wise attempt to raise the standard of medical education.

This Society exists mainly to guard the profession on the one hand, and the community on the other, against ignorance and imposture. The medical profession is to be congratulated that it has enjoyed these many years the best and most lasting guarantee which has been devised in this country for the protection of a liberal profession. The bar has tried to defend itself against incompetency and dishonor by legislative enactments and rules of courts concerning admission. These means have failed in conspicuous cases, and are yearly becoming less and less efficacious. The bar is consequently just beginning to protect itself by the very means which the medical profession has used so long—namely, by private incorporated associations. Now the basis of all such associations is education; from their very nature and purpose they will always hail with gladness every effort to make professional training more thorough, and to plant deeper in the minds of aspirants to a liberal profession the principles of honor, catholicity and humanity.

You will indulge me, therefore, gentlemen, if I steal a few moments from these festive hours to set before you the grave change which has taken place in the Medical School of the University.

In the first place, the instruction will hereafter be given by lectures, recitations, clinical teaching and practical exercises uniformly distributed throughout the academic year. This year begins on the Thursday following the last Wednesday in September, and ends on the last Wednesday in June. Secondly, the course of instruction will fill three years, beginning with the fundamental subjects of anatomy, physiology and chemistry in the first year, and carrying the student progressively and systematically from one subject to another, until, at



the end of his third year, and not till then, he will have studied all the recognized subjects of a good medical education. Thirdly, in the important subject of anatomy, physiology, chemistry and pathological anatomy, laboratory work will be substituted for, or added to, the usual didactic.

Every student will have his place and time in the anatomical, physiological and chemical laboratories, and in the microscope room; and he will be made to feel that such work is even more necessary for him than attendance at lectures and recitations, and is quite as much required of him as such attendance. In this connection, I am rejoiced to tell you that the corporation has just received a most timely gift of \$5000 from the estate of the late Dr. George Woodbury Swett, himself an ardent student of physiology, for the purpose of providing a suitable laboratory of physiology at the Medical College. Acute, searching observation is the first faculty for a physician. There is more training of the powers of observation in a month's work in the laboratory or the hospital than in years of hearing lectures or attending recitations. Lastly, every candidate for the degree of Doctor of Medicine must hereafter pass a satisfactory examination in every one of the main subjects of medical instruction, and these examinations are to be, in part at least, by questions and answers upon paper, so that the governing boards of the University and the profession at large may hereafter know just what the standard for the doctor's degree really is.

These, gentlemen, are great changes in medical education. They amount, indeed, to a revolution. It is unnecessary for me to contrast the new scheme with the old. You remember the winter's surfeit of lectures for the mass of students, the summer's surfeit of recitations for the better third of the whole school, the lack of opportunities for laboratory work, the lack of due order and progression in the arrangement of studies, the brief attendance at hospitals, the hasty, oral, private examination for the degree.

And now to whom does the University and the profession owe these important improvements? To the Faculty of the Medical School as an organized body. The faculty adopted these changes, after full discussion, by unanimous consent, foreseeing all the difficulties of such a revolution, risking their scanty pay, enlarging and strengthening their body by the admission of young and enthusiastic teachers, while retaining the older and more experienced,

and cutting loose from long-established connections with the other medical schools of the country.

They have been encouraged to this act by the belief that in the long run the best course of instruction will command the most public favor, by the knowledge that the new scheme is not only better for those students who have money enough, but also more advantageous and less costly than the old for those whose means are slender, by the conviction that it presents no serious obstacle whatever to those who do not neglect their opportunities; and lastly, by their confidence in the support of the profession which has longed for, and indeed loudly demanded, some change in the established system of medical education.

Ultimately, therefore, gentlemen, the responsibility is with you. Professional education can never be much in advance of the general sentiment of the profession. Give the University the encouragement of your sympathy, the moral strength of your approbation and the benefit of your advice to young men and their parents, and the experiment upon which the Medical School will enter next September will soon prove a conspicuous success. We hope to be found worthy to ennoble the whole family of medical schools in this country.

The fourth toast was:—

*The Orator of the Day*—The discourse he has just delivered is an evidence of his recovery from recent indisposition. At the same time he is never more happy than when we have him on "the hip."

Dr. Henry J. Bigelow responded briefly, and closed by offering the following sentiment:—

*Harvard University and the Massachusetts Medical Society*—Laborers in maintaining a true medical standard, may they lend each other in the future, as in the past, a just and cordial confidence and co-operation.

Fifth regular toast:—

*The Clergy*—From the spire of Christ Church—the oldest place of worship in Boston—Sexton Newman held the signal lamps which sped Paul Revere on his midnight ride; and thence the first chime of bells that ever sounded in this country, now as of yore ring out the good news of Christmas and the holy tidings of Easter.

The Rev. Henry Burroughs replied as follows:—

The venerable sanctuary to which, Mr. Chairman, you have so kindly and pleasantly alluded is almost one hundred and fifty years old, and is not only the oldest edifice used for religious worship, but also, with the single exception, I believe, of the old State House, the oldest public building in this city, and it is one of the few remaining monuments that commemorate the period of our Colonial history. It may be interesting to our friends and visitors to listen to

those melodious chimes that you have mentioned, and see the books and silver given by George the Second and bearing the impress of the Royal Arms, and the antique chandeliers and figures of Angels taken from a French vessel in the last century by loyal subjects of the King of England.

The old North Church stands upon Copp's Hill in full view of the Charlestown shore, and it was for that reason that its steeple was selected as the most suitable place for the display of that signal which informed Paul Revere of the movements of the British army. I have received the narrative of the events of that evening which preceded the first battle of the Revolution from Mr. Newman's son. He told me that his father, Mr. Robert Newman, then sexton of Christ Church, was closely watched by the British officers who were quartered in his house on Salem Street. He contrived, however, to elude their vigilance, and met a friend, a sea captain, who had ascertained the enemy's plans. He then entered the church, locked the doors after him, climbed up the steep stairs, precisely as the poet Longfellow described it all, "frightened the pigeons from their perch"—as a visitor, to-day, will disturb their descendants who dwell in the old tower, and mingle their soft music with the notes of praise ascending from the congregation below—and suspended those two lanterns which not only sent Paul Revere on his way to Lexington and Concord with the tidings that the British were close at hand, but also symbolized the emancipation of the American people from a foreign power—the establishment of liberty and independence.

Mr. Newman, after he had discharged his duty, returned through the church, jumped out of a back window, and went round through Unity and Bennet streets to his home. He was arrested and thrown into prison, but nothing could be proved against him. This courageous man, who risked his life for his country and from Christ Church steeple sent forth those twin rays of light and hope in that darkest hour of the history of this nation, deserves a place among the heroes of the Revolutionary War.

It is with unmingled pleasure, gentlemen, that the clergy welcome to Boston the Members of the Massachusetts Medical Society. We greet you as fellow-workers and as disciples of the same Master, the great physician who came to heal the diseases of our bodies and of our souls. We honor your self-sacrificing labors, while you walk in His footsteps and go about doing

good. We thank you for the light thrown upon the meaning of the Scriptures by the experiments and observations of scientific inquirers. While we accept all well-ascertained facts we are not alarmed by a startling theory or a dazzling hypothesis. We cannot agree with those who assume that matter and force are self-existent, that thought is the result of physical organization or that life is a property of matter and not the gift of the Creator. We are content to wait for the results of the fullest investigations, in the confident expectation that they will be found to agree with the Bible correctly understood. However far back the geologist may carry the first foundation of all things, he has never yet made a discovery at variance with the simple and sublime truth that "In the beginning God created the heavens and the earth." The history of those vast periods that our imagination cannot grasp is the record of the development of the plans of One who saw the end from the beginning. An invariable law denotes the presence and the power of that wisdom which need not change. Knowledge comes to us through two great channels, the Bible and the created universe. Theology and science are seeking the same end. Let us help one another to combat error and to vindicate the truth.

The sixth toast was :—

*The Professor of Obstetrics in Harvard University.*—One of our ablest practitioners, devoted body and soul to the welfare of his patients—he has risen to eminence by his own unaided efforts. Posterity will owe him a heavy debt, for by his labors the ranks of "Young America" are daily (or rather nightly) recruited.

Response by Dr. Charles E. Buckingham, who, in closing, offered as a sentiment—"The young men of to-day who may attend these meetings fifty years hence."

Seventh regular toast :—

*The State Board of Health.*—Truly a Massachusetts institution in its origin, its composition and its work. Its sanitary reports are of a substantial value, difficult to overestimate.

The response was by Dr. George Derby, Secretary of the Board, who spoke as follows :—

It gives me great pleasure to thank you in behalf of my colleagues of the State Board of Health, for your words of approval of our work. I am glad also to be able to assure you that the Board of Health is itself in excellent condition. It has passed the period of infancy—got well over its second summer, so perilous to the infant constitution, and in spite of the impression of a good many worthy people, including a few politicians, that the child was not worth raising and had better die young and go to

heaven or elsewhere, it still lives, and never before enjoyed so fair a prospect of a long and useful and happy life. And I also wish to say confidentially in this company that it owes its life, and now and always must look for its strength and usefulness, to the medical profession throughout the State. Their earnest support has been given it, in so far as I am aware, in all quarters. I can only promise in return that it will try to deserve this favor in the future. The modern world both in America and Europe is wide awake to learn all that may be known concerning the causes of preventible disease. We cannot help this if we would, and would not if we could. Everybody who reads and thinks knows more or less of the writings of Huxley and Tyndall and Darwin and the new lights of physical science. Everybody is interested in the relations of the ideas of these men to disease. The germ theory is popular and is passing into the ordinary forms of speech. The medical profession must either direct this tendency and lead it into useful channels, or it will be taken up by quacks, charlatans and sensationalists. It belongs to our profession by reason of our scientific training, and our familiarity with the human body and its functions in health and disease. To interpret these advances of science and to put them in such form that all may use them for the prolongation of life is one of the privileges of the physician and is surely the special duty of a State Board of Health. And here I think will be found in the future its strength and its success as an advisory board like that of education. The present legislature has given us other work to do of an executive character, and this, although not in the original plan of the duties of the board, will be executed to the letter. Let me again say that to the medical profession throughout the State we specially look for the means of making our board successful in the future; and I would also urge upon the members of our society that they coöperate with us by taking a leading part in shaping the action of the health boards of the various cities and towns of their residence, and in keeping them up to their work. Massachusetts may lead the way in this as in so many other useful things. The people are ready to listen, if our brethren will become the teachers and preachers of the gospel of hygienic righteousness.

#### Eighth regular toast:—

A new "Bridgewater Treatise" Expected!—The seed of the Millet is a familiar term of comparison in pathology. That is the only morbid resemblance which can be connected with the gentleman of that name who is present to-day. We trust it will not go against the grain of Dr. Millet, of Bridgewater, to open "ses-ame" on this occasion.

Dr. Millet, in response, in a humorous way, described the methods of practice fifty years ago, and spoke encouragingly of the work of the society.

#### The ninth toast was:—

The American Hippocrates—The medical profession has exhausted all its honors upon Dr. Jacob Bigelow, and yet remains his debtor.

In response a letter was read from Dr. Bigelow, in which he expressed his regret that he

was unable to be present, and gave assurances of respect and regard for "the time-honored society."

#### Tenth regular toast:—

The Middlesex South District Medical Society—Active in the interests of medical science and of the profession. One of its members has ably written upon "The Abuse of the Alimentary Canal." Of course no malicious insinuation can be intended her, when we doctors call upon the author in person.

Dr. Alfred Hosmer, of Watertown, responded. His remarks were relative to the advance of medical science in certain directions.

The above concluded the regular toasts and responses. A brief address was made by Dr. J. C. Hutchins, a delegate from the Medical Society of New York, after which was read:—

"Stray Leaves from the Life and Meditations of the late Rip Van Winkle, Jr., M.D., a Doctor of the Old School.

By his Friend, T. N. STONE, MD.,  
of Wellfield.

Despite not then in thy pride that which lieth there,  
Lost after thy loud boasting there be found but as  
The Old Man of the Sea, on the broad shoulders of another.  
After T. N. Stone.

Good Doctor Winkle, in a country town,  
Maintained a firm, well-earned renown,  
Through many a passing year;  
He was, in truth, no uncouth boor,  
Who never knocked at science' door;  
His mind and eyes were clear.

The sick well knew his cheerful face,  
Which came to them with angel grace,  
In hours of grievous need.  
He knew the power of gladsome smile,  
That cheering words oft pains beguile;  
But he could purge and bleed.

True, Winkle was no parlor knight,  
With glossy curls and kid gloves tight,  
Fit for a lady's page;  
For storm and toil had done their share,  
To plough his brow and bleach his hair  
Before the snows of age.

Not polished after Paris style  
Was Winkle's bat, his bow and smile;  
Nor well might he essay,  
Like Melis, with Helen Bianque to prattle  
Of Endlangium and tittle tattle  
With very soft Frangais.

Nor would he think to get your cash  
By publishing such soft-breathed trash  
To lass on lounge or cressel;  
For sometime when he shirlin sought,  
He found that he a book had bought  
Made up of wordy grael.

He toiled alone—a man of thought  
By hard experience sternly taught—  
His was a life of care;  
By disappointments well he knew,  
How worthless of the worldly crew  
That science' trumpets blare.

He'd felt the smart of sore defeat,  
When called man's sternest foe to meet,  
With weapons often foiled;  
Still in his hand, but chosen field,  
Though often scant the harvest yield,  
Winkle in patience toiled.

He could not, like his city brother,  
Throw his hard cases on another  
Renowned by special fame;

And cover up his want of sense,  
His bungling, or his ignorance,  
By some professor's name.

Doctor and druggist both was he,  
A double service, single fee,  
And that too often small;  
Surgeon by day, midwife at night,  
Small time was there for "mould" to blight  
Between the frequent call.

Still Winkle read, and while his steed  
Jogged weary on, with gentle speed,  
He conned discoveries o'er.  
Sometimes, by visiting the Hub,  
He gave his cranium a rub  
Against old Harvard's door.

Where one professor crams the skull  
Of student bright, and student dull,  
With a becaumon of drugs;  
Another, but for Parker's dishes,  
Would vote all medicine to the fishes  
As the commonest of bugs.

He walked the round of the hospital,  
Attended the hoasted clinical:  
On a bed beside the wall  
A patient lay, so the professor said;  
And so on a card above his head  
"Was read by Winkle tall.

Professor, grave, low bows his ear:  
"Creptant rale—pneumonia clear"—  
Six students heard and wondered—  
"Treatment expectant," that was all;  
While loud through wardroom and through hall  
Tramped students three hundred.

Of a Doctor, who with fingers taper  
Wrote recipes on satin paper,  
Winkle asked—mayhap too rough—  
The color of a drug; with angry eye  
And mustache scornful curled, he made reply,  
"I never saw the stuff."

Winkle walked the Common, broad and fair,  
Saw the fountain play, the deer and bear,  
Looked from the State House dome,  
Heard the big organ; then, without a tear,  
Left the dinner, paid for many a year,  
And turned him to his home.

But as the cars bore him away  
To a calmer sky, to a clearer day,  
With brain somewhat confused  
By the constant din, the old hubbub  
Of this, the world's great central hub,  
Winkle thus, muttering, mused—

"I'm puzzled," mused Winkle, "with this new-fangled  
science,

That bids our old faith such scornful defiance;  
That laughs at old notions, *because they are old*,  
And hails each new shimmer as the glitter of gold.  
This proud science boasts it has bridged the old chasm  
"Twixt nothing and man by a grand protoplasm;  
Has given Father Adam his last *coup de grace*,  
And put a baboon in his once-honored place.  
So one who now boasts an old pedigree,  
And for proof searches well his ancestral tree,  
If he miss the old halber, will, sure, never fail  
From some low bough dependant to find a long tail.  
Though the sage suggestion of Aaron to Moses,  
As useless encumbrance to cut off their noses,  
Ne'er fired his meek brother with mad'ning passion,  
For Moses replied, it's not yet the fashion:  
Yet from Darwin we learn, in a pre-Adamite nation,  
Some Bigelow or Cheever, in a learned consultation,  
Persuaded their tribe to a tail amputation;  
But for this, at our dinners, each citizen pale,  
Who now twirls his cane would be twirling his tail;  
And our country doctors, unbarbered and rough,  
Would look like the devil, excepting the hough.  
What pity that Darwin to an action so great,  
So pregnant with freedom, can't fix the exact date,

And man universal keep sacred the day  
When he leaped from the bough and his tail tore away.  
Adam thus removed, and with him his sin,  
An ape filling the door where the negro came in,  
The next step in progress, as backward we plod,  
Is to hurl from his throne, the old idol, God.  
If Huxley is honest, it almost seems true  
He has found the life-stuff from which we all grew;  
But this great discovery seems still in the rough,  
Since not yet can they find how to grow the life-stuff.  
Poor Huxley, lie down! like a molecule die!  
The great truth will dawn on the world bye and bye.  
True science will show, when you're under the sod,  
Behind the life-stuff its maker, called God.  
But philosophy, now, seems content with the notion  
That nature's a sort of perpetual motion,  
Which once happening to start, with the grade down  
hill,

Like a man with three glasses, keeps on running still.  
If Adam's removed, and Creator there's not,  
If thought's but the steam of the brain getting hot,  
This statement is left for proud man and his mate  
(As *nihil plus nihil* remains still the same),  
To nothing we go, as from nothing we came.  
I bend with due reverence to genius high and bright,  
As the Parsee, at the dawning, bows to the source of  
light.

Save when in reckless wasail, from vessels once divine,  
Her Maker proudly scorning, she quaffs the mad'ning  
wine,  
Then mid her boastful feasting, within her royal hall,  
I see an angel's finger write *Talut* on the wall.

Great progress, they say, in medicine is made,  
And I study with care what belongs to the trade;  
Learned professors skilled in prognosis  
Laugh at old Doctors, their huge mammoth doses;  
From Hahnemann's pellets, be they ever so small,  
They've reduced the line thing to nothing at all.  
Long hours I once sat in old Mason Street,  
List'ning to Bigelow, on a hard-cushioned seat,  
But now he's found out all he taught us was wrong,  
His dried herbs and lectures not worth a song.  
One question I'd ask, if converted he be,  
Zacchaeus like, does he pay back the fee?  
If thrice seems too much to relieve any doubt,  
We take the fee simple—leaving interest out.  
To the Autocrat's wit we all bow the knee,  
Save when he sends forth some mocking decree,  
Which holds up to scorn our own loved profession,  
And gives to the quacks our ancient possession.  
Then we feel our democracy stirring within,  
A spirit of freedom, which monarchs can sin.  
If mould's on our brain, and hay-seed in hair,  
Beneath all, we still feel the seeds of thought there;  
We cling to the old, while we weigh well the new,  
For a thought may be hoary and yet may be true.  
Though meagre blouse with new, dazzling light,  
The stars are still old on the brow of the night.  
Hahnemann once boasted he'd found the long lever  
With which to upset our old creed forever;  
But he, like another, found it hard to command,  
On infinite pellets, a place where to stand.

Æsop has told us with what growlings and fass  
The mountain brought forth a *ridiculous ass*;  
But the sun never tells, when he ushers the morn,  
In the silence of night, a new planet was born.  
Men are like balloons 'long our rough, stormy coast—  
When the fog is densest then they cry the most;  
But let the fog lift, and in clearer day  
They quick both pursue their onward way.  
There once was a time—she's now more profound—  
When Harvard's trumpets gave a certain sound;  
Now strangely blended, their silver notes meet—  
While one sounds a charge, another a retreat.  
I read Counter-Currents and shouted for joy;  
Now here's true wisdom without any alloy:  
A doctor's life will now be careless as song,  
With one road to travel he cannot go wrong.  
No longer he'll sweat or purge patient or bleed,  
For our grand specific supplies every need;  
'Tis a poppy leaf share in a dhrap of the crathier,  
And all of the rest we may trust to Dame Natar.  
This doctrine, too, is of kind nature born,  
Who plants her popples mid her waving corn.

Then I searched through the fields of glowing maize,  
To find a spot with red poppies ablaze,  
But searched in vain, for no poppy had there  
Plunged out its red flag on the bright sunny air.  
But a thousand pumpkins, in the summer old,  
Basked in the warm sun their broad backs of gold.  
When I had searched each cornfield through and through,  
I sat on the fence and low muttered a *where?*  
If kind nature here means to supply human need,  
The great secret must be in pumpkin seed.  
I once had occasion to counsel a mother,  
Whose infant's emunctories were all of a bother;  
As she clasped her infant with sorrow profound,  
Whose breath came and went with fearful sound,  
To soothe the old soul and to quiet her brain,  
A learned professor I quoted—in vain—  
Who, striving to prove Nature's healing sublime,  
Bids us trust in all cases her power, and time.  
But she, the strong minded, vowed her babe shouldn't  
die,  
So she down with a dose of chamber lye;  
Back quick it came with a large super of beans,  
And the child was soon cured by rather strong means,  
While I in silence my chagrin endured  
Of seeing the child by a she doctor cured,  
Who vowed the whole college was a mere humbug,  
She had rather trust to a thunder jug.  
If medicine is a hum, for one I would thank  
Those who turn out M.D.'s—to tie up the crank,  
Not send them by thousands through the country to  
spread,  
Where we now stir as thick as six in a bed.  
And I thought to-day, as I wended the street,  
Here the hubbies are cured—but where do they eat?  
Two M.D.'s at the corner, six in the square,  
Three wait on the ground floor, and four up the stair;  
Here is a surgeon, and there a midwife,  
This vows electricity will lengthen your life,  
And that is a special well known to your wife;  
One with a bolus, and one with a pill,  
One with a pellet—but all with a till.  
So he who reads signs will see very plain,  
In the city the poppies are thicker than grain.  
If Medicine is a humbug then let us give way  
To woman, our nurse—her mild gentle way.  
For the first medical school was a female college,  
And Eve the first scholar—neath the tree of knowledge.  
And who the Professor? In this presence don't ask;  
One thing is certain, he finished his task,  
And Eve first on earth was dubbed an M.D.,  
And tried on old Adam her first recipe;  
Though the dose she then gave was a strong one, I trow,  
For it works in the veins of his children till now.  
So let woman combine the doctor and nurse,  
Like poppies in corn, the cure and the curse.  
We'll leave male Doctors—their treatment's so cruel—  
For woman's sweet kiss and—a bowlful of gruel."

Here Winkle ends. I have only to add  
Winkle's sad fate made our village long sad;  
We miss the old Doctor, the kind, cheerful grace  
That seemed ever circling his well-furrowed face.  
Though large were his doses and bitter his pill,  
Spite of sugary nothings we've faith in them still.  
Let those who now laugh at the dose or the man,  
Shew some miracles wrought on the do-nothing plan;  
And if 'tis decreed by a doctor I fall,  
Then away with your small shot and give me a ball.  
But let me here add, to save students a race,  
Six young M.D.'s fill Winkle's old place,  
With a speculum each and a neat pocket case,  
To give of such, alb. the last preparation  
And to squirt at the homes of the next generation.  
This rude verse is graven on the neat white stone  
That bears the M.D. now Winkle has gone:

Here lies our last Winkle—  
Shall we e'er see another?  
Like good Abel he fell  
By the hand of a brother.

"Home, Sweet Home," was then played by the orchestra, and at about a quarter past five o'clock the company broke up.

#### RHODE ISLAND MEDICAL SOCIETY.

THE sixtieth annual meeting of the Rhode Island Medical Society was held in the Franklin Society Rooms, Providence, June 14th, at 10 o'clock. Dr. George L. Collins presided and called the meeting to order.

Dr. T. K. Newhall, Treasurer, read his annual report. Received and placed on file.

The Board appointed Dr. L. F. C. Garvin, orator for the next annual meeting, and Dr. C. T. Gardner, substitute.

Drs. Caswell, Peckham and Collins, delegates respectively to the Massachusetts and Connecticut Societies and to the American Medical Association, presented their reports.

Dr. J. R. Ham, of Dover, N. H., Dr. Samuel Hart, of Brooklyn, N. Y., Dr. C. E. Buckingham and Dr. H. W. Williams, of Boston, and Dr. T. H. Gage, of Worcester, Mass., appeared as representatives of their respective Societies.

Dr. S. A. Arnold, Secretary of the Trustees of the Fiske fund, read the annual report of the trustees. Received and placed on file.

The trustees have made no awards for premiums on the subjects proposed by them in 1870.

The following subjects are proposed for the year 1871:—

1st. Hydrate of Chloral: Its Physiological Effects and Therapeutic Uses.

For the best essay on this subject the trustees will pay the premium of \$100.

2d. Cundurango: Its History and Medical Properties.

For the best essay on this subject the trustees will pay the premium of \$200.

For the ensuing year, the following named officers were elected:

President—Dr. George L. Collins, Providence.

First Vice-President—Dr. Lloyd Morton, Pawtucket.

Second Vice-President—Dr. F. H. Peckham, Providence.

Recording Secretary—Dr. C. T. Gardner, Providence.

Corresponding Secretary—Dr. C. W. Parsons, Providence.

Treasurer—Dr. T. K. Newhall, Providence.

Board of Censors—Drs. David King, Newport; J. H. Eldridge, East Greenwich; A. Ballou, Woonsocket; C. W. Fabyan, Providence; S. Clapp, Pawtucket; O. Bullock, Warren; C. W. Parsons, Providence; J. W. C. Ely, Providence.

Registration Committee—Drs. E. M. Snow, E. T. Caswell, Providence; S. Clapp, Pawtucket; J. H. Eldridge, East Greenwich; D. King, Newport.

Publication Committee—Drs. L. F. C. Garvin, W. O. Brown, H. G. Miller, C. T. Gardner.

Audit Committee—Drs. Parsons and Fabyan.

Dinner Committee—Drs. Ely and Newhall.

Dr. Wiggan, for the special Committee on the best means of restraining Quackery, made a brief verbal report, asking for an extension of time, which was granted.

Drs. Dunn, of Newport, and Church, of Wickford, are the only members of the Society who have died during the past year, whose



names are recorded, and the president directed that obituary notices should be prepared to be read at the semi-annual meeting.

Dr. C. H. Leonard, of Providence, orator of the occasion, then read a paper on the subject of "Medical Charities or Medical Poor Relief, at home and abroad, in ancient and in modern times."

Dr. Leonard considered the physician as a philanthropist and benefactor of his fellow-man, in administering relief for suffering humanity for charity, and laboring for the good of men without the hope or incentive of pecuniary reward. He traced back the history of hospitals and dispensaries and other medical charities to the earliest times, and showed that the profession had always occupied a front rank in doing good. He gave an account of the better organization and more efficient labors of modern medical relief systems, and closed with the expression of the hope that the physician will take for his model Him who, when on earth, went about doing good to the poor. The address was received with applause, and on motion of Dr. Caswell the thanks of the Society were presented for his valuable and instructive paper.

At the close of Dr. Leonard's essay, the Society adjourned to partake of the annual dinner. At the close of the repast, numerous toasts were offered, which were responded to by members of the Society and their guests.

#### THE MAINE MEDICAL ASSOCIATION.

THE session of the Maine Medical Association was largely attended. Dr. Sanger presented the transactions of the New York Medical Association, with accompanying letter from Dr. Hart, to whom the thanks of the Association were tendered. On motion it was voted that the business committee canvass the members and see who will write papers for the next meeting. Dr. French presented reported cases of metropéritonitis and dermoid tumor. Dr. Leary presented the certificates of Dr. Haley, a delegate from New Hampshire. Dr. Parker, of Farmington, N. H., a delegate from the same Society, was introduced. Dr. Laugh-ton exhibited a speculum, an improvement of Cuzco's. Dr. Sanger read a paper on the radical treatment of malignant growths, which was referred. Dr. Tewksbury presented a case of ankylosis of the knee joint, with excurvature of limb. Dr. Hill reported a case of popliteal aneurism, cured by direct pressure, and discussion followed upon the subject by Drs. Garcelon, Whitmore, Seavey and Brown. Dr. Foster's paper on psychology was referred without reading. Dr. Bricket reported cases of ovariectomy, and discussion followed by Drs. Sanger, Seavey, Kimball and others.

It was voted to request the directors of the Maine General Hospital to appoint several members of this Society to canvass the State for subscriptions to the hospital. The committee of one from each county appointed last year to solicit subscriptions were continued. Dr. S. H. Tewksbury, of Portland, reported a case of

vesico-vaginal lithotomy in a child seven years of age.

In the evening, Prof. Edward S. Morse, of Salem, delivered a very interesting and scientific lecture upon embryology, showing the growth of animal, bird and piscatory life. It was finely illustrated with diagrams.

### Medical and Surgical Journal.

BOSTON: THURSDAY, JUNE 22, 1871.

WE resign our editorial space with considerable reluctance, as there are several topics on which we wish to speak; but our duty to contributors and others compels us to adopt this course. We beg the indulgence for a short time of our brethren who have sent us communications for insertion, and of publishers, whose books have long waited our official notice.

WITH the May number, the *American Journal of Obstetrics* entered its fourth volume. It is the best exponent of obstetrics and the diseases of women and children in the language. The journal is now under the charge of Dr. B. F. Dawson, physician for children at the New York Dispensary, to the New York Dispensary for sick children, and to the hospital for women. Drs. Noeggerath and Jacobi are associate editors. The journal is now published by Messrs. Wm. Baldwin & Co. By an arrangement with them the *Journal of Obstetrics* is furnished, together with our own JOURNAL, for \$7.00 per annum.

ON IRRIGATION OF THE MEMBRANA TYMPANI WITH TEpid WATER. By M. PRAT.—The author in this communication endeavors to establish as a fact that the membrana tympani, as a living membrane, requires for its nourishment to be hydrated; whilst, on the other hand, as a physical collector of sound, it needs to be dry to a certain extent, in order to transmit the sonorous vibrations. Hence a certain antagonism between the maintenance of the organ and its function.

However, as the majority of its affections consist in disturbances of nutrition, it is in this direction that it is necessary to apply one's efforts in order to modify the nutritive force, either by diminishing or by augmenting it.

The author has thus been led to propose abundant irrigation of tepid water, simple or medicated, as one of the most prompt and most efficacious curative means against deafness.—*Half-Yearly Abstract of Med. Sciences.*

DR. C. E. BROWN-SEQUARD sailed for Havre on Saturday, the 3d inst.

## Medical Miscellany.

THE annual Commencement exercises of the Medical Department of the University of Vermont took place 14th inst. The address was given by Prof. H. M. Buckham of the University, and the valedictory by E. G. Blaisdell, of Richford, Vt. Dr. A. F. A. King, of Washington, Vt., was appointed Professor of Obstetrics in place of Dr. Dunster, resigned.

THE Commissioner of Pensions has restored Dr. Stillman Spooner, of Oneida, N. Y., to the office of Medical examiner, from which he was removed by the late Commissioner Van Aerssen because he was a homoeopathist.

PROF. OPFOLZER, as we learn from a correspondent, was taken ill while in the clinic, and diagnosed his own case to those present, before leaving.

DR. FRANK WELLS has recently been appointed Adjunct Professor of Obstetrics and Diseases of Women in the Cleveland Medical School.

THE MEDICAL SOCIETY OF WEST VIRGINIA.—At the annual meeting of the Society, held in Martinsburg, June 7th, the following gentlemen were elected officers for the ensuing year, viz.:

*President*.—Dr. J. M. Lazzell, Fairmont.  
*Vice-Presidents*.—Dr. H. J. Weisel, Wheeling; Dr. G. A. Hamill, Martinsburg; Dr. L. R. Charter, West Union.

*Secretary*.—Dr. Wm. M. Dent, Newburg.  
*Treasurer*.—Dr. John C. Hupp, Wheeling.

Interesting papers were read by the members, and will be printed in the proceedings of the Society.

Dr. Weisel offered a resolution declaring it unprofessional to render professional services by contract, or for a specified sum per annum, which was adopted.

After a very pleasant session the Society adjourned, to meet in Wheeling, on the first Wednesday in June, 1872.

WHOOPIING COUGH.—A correspondent of the *Med. Times and Gazette* thus poetically commences a letter on whooping cough:—

"After the long, cold, dreary winter each succeeding spring appears more lovely; the simple snowdrop, the bright crocus, the sweet-scented hyacinth, and the pretty primrose, the green-tipped hedges, and the songs of the birds, all combine temporarily to drive away the cares, worries, and anxieties even of medical men. But to us the season is mostly suggestive of spring rashes, bronchitis, and specially of whooping cough."

He closes his letter with, "Amongst the poor, rubbing the soles of the feet with garlic is very popular."

DISINFECTING COTTON.—Dr. Fresenius possesses a method for applying permanganate of

potassa which seems to overcome many of the difficulties hitherto felt in practice, and this consists in saturating gun cotton with a solution of the permanganate of potash. The gun cotton is not decomposed by the manganese salt, as ordinary cotton is, but serves to expose and keep the greatest amount of surface for the action of the disinfectant. Bandages of the gun cotton thus saturated with permanganate of potash can be readily applied, and in cases of open wounds, cancers, &c. must prove very acceptable to surgeons.—*N. Y. Med. Gazette.*

TO CORRESPONDENTS.—Communications accepted.—Fertile curable by Local Treatment.—Are Artificial Teeth capable of producing Salivation?—Vomiting as the Sole Prominent Sign of Disease of the Kidneys.—Case of Popliteal Aneurism cured by Ligation of the Femoral Artery.

PAMPHLETS RECEIVED.—The Frigidious Crasis, its Cause a Loss of Albumen from the Blood. By Rollin R. Gregg, M.D., Buffalo, N. Y. Pp. 23.—Annual Report of the City Registrar of the Births, Marriages and Deaths in the City of Boston, for the Year 1870. Pp. 43.

MARRIED.—In this city, 13th inst., Calvin Stevens, M.D., to Emma A. Tewsbury, both of Boston.—In Pembroke, N. H., 14th inst., Charles Greenleaf Carleton, M.D., of Lawrence, Mass., to Miss Frances Ellen Putnam.

DIED.—At Archon, France, Dr. Jeremiah Whipple, of Cumberland, R. I.—In Hartford, Conn., Mrs. Mary W. Cutter, widow of the late Benjamin Cutter, M.D., of Woburn, Mass., aged 66.

Deaths in seventeen Cities and Towns of Massachusetts for the week ending June 17, 1871.

Cities and Towns.	No. of Deaths.	Prevalent Diseases.
Boston . . . . .	66	Consumption . . . . . 31
Charlestown . . . . .	6	Pneumonia . . . . . 18
Worcester . . . . .	13	Diphtheria . . . . . 7
Lowell . . . . .	18	Cholera infantum . . . . . 7
Milford . . . . .	3	
Chelsea . . . . .	8	
Cambridge . . . . .	15	
Salem . . . . .	9	
Lawrence . . . . .	4	
Springfield . . . . .	3	
Lynn . . . . .	3	
Gloucester . . . . .	10	
Fitchburg . . . . .	2	
Taunton . . . . .	5	
Newburyport . . . . .	5	
Fall River . . . . .	5	
Haverhill . . . . .	4	

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Lowell reports two deaths from smallpox.

GEORGE DERRY, M.D.,  
Secretary of State Board of Health

DEATHS IN BOSTON for the week ending Saturday June 17th, 66. Males, 38; females, 28. Accident, 1—apoplexy, 1—bronchitis, 2—congestion of the brain, 1—disease of the brain, 2—burned, 1—cancer, 1—cholera infantum, 4—cholera morbus, 1—consumption, 12—convulsions, 2—cyanosis, 3—diarrhea, 2—dropsy of the brain, 2—drowned, 2—diphtheria, 1—erysipelas, 1—scarlet fever, 2—typhoid fever, 3—disease of the heart, 1—disease of the kidneys, 2—disease of the liver, 1—congestion of the lungs, 1—inflammation of the lungs, 6—marasmus, 1—old age, 1—premature birth, 1—disease of the prostate, 1—scalded, 1—unknown, 5.  
Under 5 years of age, 27—between 5 and 20 years, 1—between 20 and 40 years, 13—between 40 and 60 years, 15—above 60 years, 5. Born in the United States, 46—Ireland, 14—other places, 6.